



14 January 2026

Tēnā koe,

**Re: Consultation on Proposed Changes to the Prescribed Qualifications for Oral Medicine**

Thank you for the opportunity to provide feedback. I am the Clinical Head of the Auckland Dental Facility, University of Otago, Faculty of Dentistry, and a current postgraduate diploma (Oral Medicine) student, delivering one of the few Oral Medicine clinical services available in the North Island.

My submission focuses solely on the proposal to remove the requirement for a medical degree for Oral Medicine specialist registration.

**Support for Removing the Medical Degree Requirement for Oral Medicine**

I strongly support removing this requirement. It is the single greatest barrier preventing the development of a functional Oral Medicine workforce in Aotearoa New Zealand. At present, the requirement is not improving public safety. Instead, it is directly worsening access, equity, and patient outcomes.

**1. The current system is failing patients**

New Zealand has only a handful of practising Oral Medicine specialists, and wait lists across Te Whatu Ora are now so overwhelmed that some regions have stopped accepting new referrals altogether or pushing over work to other services.

This means:

- Suspicious mucosal lesions go unassessed for months
- Oral Potentially Malignant Disorders are diagnosed later
- Complex mucosal diseases remain uncontrolled
- Little or no follow up on patients with chronic oromucosal disease
- Chronic orofacial pain patients are left without management pathways. The current Chronic Pain services are not equipped to manage patients with chronic orofacial pain, including chronic TMD
- Māori, Pasifika, rural communities, and vulnerable patients are disproportionately affected

This is not a theoretical future problem — it is happening now.

The medical degree requirement is a major reason why the specialty cannot grow.

Faculty of Dentistry / Te Kaupeka Pūniho

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### 2. The requirement blocks the exact people who want to train.

As Clinical Head at the ADF, I work closely with final-year dental students and recent graduates across Auckland and Dunedin. Oral Medicine is consistently one of the most admired fields — students love its diagnostic complexity, medical integration, and patient-centred nature.

However, almost all of them say the same thing:

“I would love to do Oral Med, but I can’t go back and do a medical degree.”

The reasons are obvious and valid:

- large student loans
- full-time work commitments
- family responsibilities
- inability to step out of the workforce for 4–6 years
- no support systems that make such a transition feasible

For mid-career dentists like myself, the requirement is not just a barrier — it is a complete dead end.

This means the passion and talent that exist right now cannot translate into a specialist workforce.

### 3. New Zealand is an outlier internationally — and not in a good way.

Nearly all comparable countries/continents — Australia, Europe, Canada, the USA, Singapore, Hong Kong — train Oral Medicine specialists without a compulsory medical degree.

Instead, their training programmes include:

- targeted medical sciences
- dermatology, rheumatology, and internal medicine placements
- chronic pain and neurology components
- immunology, pharmacology, haematology
- multidisciplinary pathways

These programmes produce highly competent Oral Medicine specialists who practise safely, collaboratively, and effectively.

New Zealand stands alone with a requirement that has no evidence base and no international precedent.

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#### 4. Oral Medicine is safest when multidisciplinary — not when a single clinician tries to be both doctor and dentist.

International evidence and my own clinical experience demonstrate that:

- Oral Medicine specialists must recognise when systemic disease is present
- They must know when to refer to Dermatology, Rheumatology, ENT, Ophthalmology, Haematology, or Pain Medicine
- They must integrate medical knowledge into dental-based diagnostic frameworks

But they are not expected, anywhere in the world, to function as general physicians.  
The belief that a full medical degree is necessary confuses scope with safety.

What protects patients is:

- competency in the medical sciences relevant to oral disease
- robust specialist training
- structured medical placements
- clear referral pathways
- collaboration with medical colleagues

A medical degree is not required to meet these expectations.

#### 5. Removing the requirement would immediately improve access and equity. By modernising the training pathway, New Zealand can:

- train more Oral Medicine specialists
- reduce waitlists and provide equitable outcomes
- improve early cancer detection
- increase diagnostic capacity for mucosal disease
- enhance chronic pain services
- create career pathways for Māori and Pasifika dental graduates
- address the severe undersupply of clinicians in both islands

I have already seen firsthand, through the telehealth Oral Medicine service established at the Auckland Dental Facility with the support of Associate Professor Polonowita and Associate Professor Simon Guan, just how enormous the unmet need is.

Patients are grateful simply to be seen.

That alone is evidence of a system not coping.

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6. A targeted, modern Oral Medicine training programme is the correct way forward.

Instead of requiring a full medical degree, New Zealand could embed:

- internal medicine modules
- dermatology and rheumatology attachments
- ophthalmology exposure for mucocutaneous disease
- haematology and immunology teaching
- pain medicine training
- pharmacology and therapeutics
- emergency medical preparedness
- structured multidisciplinary rotations

This aligns with international standards and maintains or improves patient safety. This is achievable at both the Dunedin campus (through Dunedin Hospital) and Auckland Dental Facility (through Manukau Super Clinic and Middlemore Hospital).

Conclusion

The medical degree requirement for Oral Medicine specialist registration is:

- unnecessary
- outdated
- a major contributor to current workforce shortages
- a barrier to equitable care
- inconsistent with global practice
- actively harming patients by delaying access

Removing this requirement will allow New Zealand to build the Oral Medicine workforce it urgently needs, while maintaining robust training and public safety. I strongly support the Council's proposal to remove the medical degree requirement and replace it with a modern, internationally aligned, competency-based Oral Medicine training pathway.



Ngā mihi nui,  
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